

MONTANA BOARD OF ATHLETICS

301 So Park Ave, 4th Floor
PO Box 200513
Helena MT 59620-0513
Phone: 406-841-2334 Fax: 406-841-2309
E-MAIL: dlibsdeath@mt.gov
WEBSITE: <http://www.athleticboard.mt.gov>

APPLICATION PROCEDURES FOR:

CONTESTANT

1. Professional Boxer
2. Semi-Professional Boxer
3. Professional Wrestler
4. Semi-Professional Wrestler
5. Kickboxer

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Board receives your complete routine application)

GENERAL INFORMATION

- APPLICATION:** Submit a completed application before or on the date of the athletic event. A notarized signature is required on applications mailed to the Board office.
- FEE:** \$45 fee payable to the Montana Board of Athletics. Submit fee along with application. All fees are non-refundable.
- RENEWAL:** All licenses expire on June 30 of each year and do not renew.
- PHOTO:** Must submit a full-face photograph of head and shoulders.
- LAWS & RULES:** Licensees are required to know and adhere to the laws and rules pertaining to the Montana Board of Athletics. Current statutes and rules are on the Boards' website at: <http://www.athleticboard.mt.gov>.

LICENSE REQUIREMENTS FOR A PROFESSIONAL BOXER

1. Must have an Association of Boxing Commissions photo identification card issued by boxer's state of residence.
2. Must be 18–35 years of age.
3. Must submit proof of a negative HIV test, such as a certified laboratory report dated within 30 days before event.
4. Must submit a current physical examination.

5. Must furnish verified records of the last six athletic events involving boxing.
6. Female boxers must provide a negative pregnancy test prior to each bout.
7. Terms of all contracts between promoters, boxing, kickboxing, wrestling organizations, and contestants shall be completed on forms approved by the Board. The contract must be signed with the contestant's legal name, and an original or true copy of the contract shall be filed with the Board at least 24-hours before the date of the event, unless specific, individual delay is approved by the board.

LICENSE REQUIREMENTS FOR A SEMI-PROFESSIONAL BOXER

1. Must be 18 years of age or older.
2. No HIV test is required.
3. No professional boxing background is allowed.
4. All other general licensing requirements, where applicable, apply to semi-professional boxer.

LICENSE REQUIREMENTS FOR A PROFESSIONAL OR SEMI-PROFESSIONAL WRESTLER

1. Must be 18-55 years of age.
2. No HIV test is required.
3. All general licensing requirements, where applicable, apply to semi-professional wrestler

F. LICENSE REQUIREMENTS FOR A KICKBOXER

1. All general licensing requirements, where applicable, apply to kickboxing.
2. No HIV test is required.

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**CURRENT
PICTURE
REQUIRED**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Board receives your complete routine application)

APPLICATION FOR: **CONTESTANT**

(Submit a fee of \$45 with application)

(Check one of the following)

Professional Boxer

Semi-Professional Boxer

Semi-Professional Wrestler

Professional Wrestler

Kickboxer

Social Security Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ Foreign ID Number _____

E-mail Address _____

Please indicate you preferred mailing address

____ Home

____ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

All applicants must answer the following questions.

If you answer "yes", provide a detailed explanation on a separate sheet of paper.

YES NO

1. Do you intend to practice in the State of Montana?
2. Have you ever previously applied for a license to practice in Montana? If yes, give date, and results.
3. Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal.
4. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.
5. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.
6. Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.
7. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation.
8. Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation.
9. Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.
10. Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation.
11. Do you currently hold any professional or occupational license in Montana or another state? If yes, provide the following information:

| State/Province/Territory | License Number | Date Issued (mm/dd/yyyy) | Is License Current (Yes or No) | Type of License |
|--------------------------|----------------|-----------------------------|-----------------------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EXPERIENCE & QUALIFICATIONS

(List your boxing, wrestling or kickboxing experience and qualifications)

VERIFIED BOXING RECORDS (Verified boxing records of your last six athletic events must be submitted with this application.)

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history, and competence to practice, by anyone who might possess such information, to the Montana Board of Athletics.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of license on ethical grounds. I have read and am familiar with the applicable laws of the State of Montana and instructions to applicants for licensure. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana license is issued to me, I agree to conduct myself in accordance with the laws and rules of Montana and the laws and rules regulating Montana Board of Athletics.

Legal Signature of Applicant

Date

State of _____
(County) of _____

Signed and sworn to (or affirmed) before me on _____ by
Month Day Year
(name(s) of person(s) making statement)_____

(Signature of notarial officer)

SEAL

Title (and Rank)

Residing at

My commission expires _____

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REPORT OF PHYSICAL EXAMINATION

SECTION ONE: To be filled out by applicant

NAME: _____ RING NAME: _____

ADDRESS: _____
Street or PO Box City/State Zip

3. PHONE NO: _____

4. DATE OF BIRTH: _____

5. HISTORY: Have you ever had any of the following?

| | | |
|---|-----|----|
| Bleeding tendencies | Yes | No |
| Nosebleeds | Yes | No |
| Abnormally easy bruising or delayed clotting | Yes | No |
| Eyes-blurred vision, double vision | Yes | No |
| Eyes- tunnel vision, "blacking or whiting" out | Yes | No |
| Chronic or consistent headaches | Yes | No |
| Surgeries (recent and past) | Yes | No |
| Recovering from any recent illness or infection | Yes | No |
| Neck sprains or strains | Yes | No |
| Seizures or convulsions | Yes | No |
| Epilepsy | Yes | No |
| Diabetes | Yes | No |
| Asthma or difficulty breathing | Yes | No |
| Hernia | Yes | No |
| High blood pressure | Yes | No |
| Heart disease or condition | Yes | No |
| Persistent cough | Yes | No |
| Tuberculosis | Yes | No |
| Sickle cell disease | Yes | No |
| Kidney disease | Yes | No |
| Kidney, lung, testicle or eye removed | Yes | No |
| Mononucleosis | Yes | No |
| Hepatitis | Yes | No |
| Any body deformity that would promote injury? | Yes | No |
| Any musculoskeletal abnormality that would promote injury | Yes | No |
| Open wounds on skin with oozing discharge | Yes | No |
| Do you wear contact lenses? | Yes | No |

(If you answered "yes" to any of the "Medical History questions above, please give an explanation below.

How many (KO) knockouts have you received? _____

Date of your last knockout? _____

Longest duration of unconsciousness? _____

Length of time before resuming boxing after last knockout? _____

Have you ever been knocked unconscious in other sports or in any other way? _____

If yes, explain: _____

I hereby declare under penalty of perjury, that the foregoing history is true and correct; further, I realize that any misrepresentation in said history may result in disciplinary action.

Signature of Applicant

Date

SECTION TWO: To be filled out by applicant's healthcare provider

EXAMINATION

GENERAL APPEARANCE

Height _____
Weight _____
Temperature _____
Disabling Scars _____

Mouth _____
Teeth _____
Tonsils _____
Neck _____

PULSE

Pulse At Rest _____

Pulse After 100 Hops _____

Pulse two (2) minutes later _____

BLOOD PRESSURE

Blood Pressure At Rest _____ / _____

Blood Pressure After 100 Hops _____ / _____

Blood Pressure two (2) minutes later _____ / _____

EARS: _____ NOSE: _____

EYES: Vision without glasses: Right _____ / _____ Left _____ / _____
Pupils equal: Yes _____ No _____ React to light: Yes _____ No _____

ENLARGED GLANDS: Yes _____ No _____ Goiter: Yes _____ No _____

HEART: Pulse rhythm: Regular _____ Irregular _____ Apical impulse: Heavy _____ Normal _____
Enlargement: Yes _____ No _____ Murmurs: Yes _____ No _____

LUNGS: Rales: Yes _____ No _____

BREASTS: Mass: Yes _____ No _____ Tenderness: Yes _____ No _____ Discharge: Yes _____ No _____

ABDOMEN: Enlargement of Liver: Yes _____ No _____
Enlargement of Spleen: Yes _____ No _____

GENITALIA: Discharge: Yes _____ No _____ Varicocele: Yes _____ No _____

HANDS: Evidence of recent injury, fracture, swellings: _____

REFLEXES: Pupils _____ Knee jerks _____ Romberg _____ Babinski _____

SEROLOGY: HIV - The original lab report must be submitted with this report

I have examined the above named athlete and find the athlete to be in: Satisfactory _____ Unsatisfactory _____
condition to be licensed as a professional boxer.

| | | | |
|-----------------------------|----------------|------|-----------------------|
| Physician's Name (print) | License Number | Date | Physician's Signature |
| Physician's Mailing Address | City | ST | Zip |
| | | | Phone Number |

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ATHLETIC CONTESTANT CONTRACT

(Copies to be in triplicate: Board, Promoter/Manager, and Athlete)

(The Board of Athletics is providing this form of a contract for informational purposes only. The provision of this form does not constitute legal advice by the Board and the Board assumes no liability for providing this form. The Board urges all parties seek legal advice before drafting and entering into a contract.)

On this _____ day of _____, _____,
Between _____ of _____, Promoter/Manager
and _____ Ring name _____
of _____, Athlete.

1. **REPRESENTATION:** Athlete shall provide services exclusively to the Promoter/Manager in boxing or wrestling contests, exhibitions or training exercises.
2. **PERIOD OF CONTRACT:** This contract shall be in effect from _____ to _____ unless otherwise terminated by the written agreement of the parties or by operation of law.
3. **COMPENSATION:** Promoter/Manager agrees to pay the Athlete ____ percent of all sums of money derived by him from any services that the Athlete may provide, after the deduction of expenses incurred by the Athlete. Promoter/Manager further agrees that the said percent of the monies to be paid to the Athlete shall in no year be less than \$_____.
4. **DUTIES OF PROMOTER/MANAGER:** Promoter/Manager agrees to use his best efforts to secure boxing or wrestling contests, exhibitions and training for Athlete.
5. **DUTIES OF ATHLETE:** Athlete agrees to fulfill contracts entered into on his behalf by the Promoter/Manager during the term of this contract.
6. **EXCLUSIVITY OF SERVICE:** Athlete agrees not to take part in any boxing or wrestling contests, exhibitions, or training in any manner or place, except as directed by the manager, and shall not allow his name to be used in any commercial enterprise whatsoever, without first obtaining the Promoter/Manager's permission. The Athlete shall remain in good physical condition and shall appear at such times, as the Promoter/Manager shall direct.
7. **NON-ASSIGNABILITY:** It is understood and agreed by and between the parties hereto that the services of the Athlete are extraordinary, exceptional and unique, and that this contract cannot be sold or assigned without the consent of the Athlete.
8. **ENFORCEMENT:** Unless the triplicate of this contract is filed with, and approved by the Montana Board of Athletics, neither party is responsible for the performance of its terms.

MANAGER'S NAME (print)

MANAGER'S SIGNATURE

ATHLETE'S NAME (print)

ATHLETE'S SIGNATURE

State of _____
(County) of _____

Signed and sworn to (or affirmed) before me on _____ by
Month Day Year
(name(s) of person(s) making statement)_____

SEAL

(Signature of notarial officer)

Title (and Rank)

Residing at

My commission expires _____